

# NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

## I Reporting Information

Year: 2013

Fill in circle if amendment ☒

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

*Cjm*

*Amendment*

**HAND DELIVERED**

**RECEIVED JUL 16 2013**

*Amended to include SOF*

## II Client Information

Name: Insurance Association, Inc. (NY)

Permanent Business Address: 130 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Business Phone: (518) 432-4227

Fax Number: (518) 432-4220

Third Party Beneficiary (see instructions):

## III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

**A** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name: \*\*\*FILED ONLINE\*\*\*

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**B** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

**C** Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .00

☐ Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ .00



#### IV Other Expenses (Current Semi-Annual Period Only)

<b>A</b>	Report in the aggregate all expenses less than or equal to \$75:	\$	.00
<b>B</b>	Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
<b>C Itemize each expense exceeding \$75:</b>			
PAID TO:		DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:		AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:		DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:		AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
<input type="radio"/> Continued on attached pages			
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.			
<b>D</b>	Total expenses for current period:	\$	.00 (if applicable, include all expenses from attached pages in total)

#### V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

**A** Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

##### Contribution(s) from Single Source #1

Single Source Entity's Name: Allstate Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 1 Allstate Drive, PO Box 9090

City: Farmingville

State: NY

ZIP code: 11738

Phone: (631) 451-5424

Date Contribution Received:	01 / 01 / 2013	Amount of Contribution: \$	2027 .00
Date Contribution Received:	04 / 01 / 2013	Amount of Contribution: \$	2027 .00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

##### Contribution(s) Single Source #2

Single Source Entity's Name: American International Group, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 80 Pine Street, 13th Floor

City: New York

State: NY

ZIP code: 10005

Phone: (212) 770-5235

Date Contribution Received:	01 / 01 / 2013	Amount of Contribution: \$	2027 .00
Date Contribution Received:	04 / 01 / 2013	Amount of Contribution: \$	2027 .00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☒

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source #3

Single Source Entity's Name: American Transit Insurance Company

or  
Single Source Person's Last Name: First Name:

Address: One Metro Tech Plaza, 7th Floor

City: Brooklyn

State: NY

ZIP code: 11201

Phone: (212) 857-8240

Date Contribution Received: 01 / 01 / 2013 Amount of Contribution: \$ 846.00

Date Contribution Received: 04 / 01 / 2013 Amount of Contribution: \$ 846.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 4

Single Source Entity's Name: Country-Wide Insurance Company

or  
Single Source Person's Last Name: First Name:

Address: 40 Wall Street, 14th Floor

City: New York

State: NY

ZIP code: 10005

Phone: (212) 809-7600

Date Contribution Received: 01 / 01 / 2013 Amount of Contribution: \$ 884.00

Date Contribution Received: 04 / 01 / 2013 Amount of Contribution: \$ 884.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 5

Single Source Entity's Name: Dryden Mutual Insurance Company

or  
Single Source Person's Last Name: First Name:

Address: 12 Ellis Drive, PO Box 635

City: Dryden

State: NY

ZIP code: 13053-0635

Phone: (716) 632-5433

Date Contribution Received: 01 / 01 / 2013 Amount of Contribution: \$ 337.00

Date Contribution Received: 04 / 01 / 2013 Amount of Contribution: \$ 337.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 3/6

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address: 8800 Shendan Drive, PO Box 9062

City: Williamsville

State: NY

ZIP code: 14231-9062

Phone: (716) 632-5433

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 398 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 398 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 7

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address: 100 Ene Insurance Place

City: Ene

State: PA

ZIP code: 16530

Phone: (817) 870-2224

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 1312 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 1312 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 8

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address: PO Box 2478

City: Los Angeles

State: CA

ZIP code: 90051-2478

Phone: (323) 932-3200

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 1141 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 1141 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source # 9**

Single Source Entity's Name: Greater New York Mutual Insurance Co  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 200 Madison Avenue

City: New York

State: NY

ZIP code: 10016

Phone: (212) 683-9700

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 896 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 896 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 10 Insurance**

Single Source Entity's Name: GUARD Financial Group

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 3014 Fairmont Street

City: Falls Church

State: VA

ZIP code: 22042

Phone: (703) 204-4000

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 427 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 427 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 11**

Single Source Entity's Name: Hereford Insurance Company

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 36-01 43rd Avenue, 2nd floor

City: Long Island City

State: NY

ZIP code: 11101

Phone: (718) 361-9141

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 597 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 597 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 12

Single Source Entity's Name: Interboro Insurance Co.

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 155 Mineola Blvd.

City: Mineola

State: NY

ZIP code: 11501

Phone: (516) 248-1100

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 385 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 385 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 13

Single Source Entity's Name: Kingstone Insurance Company

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 15 Jbys lane

City: Kingston

State: NY

ZIP code: 12401

Phone: (845) 331-3288

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 316 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 316 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 14

Single Source Entity's Name: Magna Carta Companies

or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: One Park Avenue

City: New York

State: NY

ZIP code: 10016

Phone: (212) 591-9500

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 509 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 509 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source #315**

Single Source Entity's Name: MARFRE Insurance Company of NY  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 211 Main Street

City: Webster

State: MA

ZIP code: 01570

Phone: (508) 943-9000

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 490 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 490 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source #16**

Single Source Entity's Name: Merchants Insurance Group  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 250 Main Street

City: Buffalo

State: NY

ZIP code: 14202

Phone: (716) 849-3380

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 893 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 893 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source #17**

Single Source Entity's Name: Mercury Casualty Group  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: PO Box 54600

City: Los Angeles

State: CA

ZIP code: 90054

Phone: (323) 937-1060

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 377 .00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 377 .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: / / Amount of Contribution: \$ \_\_\_\_\_ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source # 18**

Single Source Entity's Name: *Mutual Medical Liability Insurance Company*  
or  
Single Source Person's Last Name: First Name:

Address: *8 British American Blvd*

City: *Latham*

State: *NY*

ZIP code: *12110*

Phone: *(518)*

Date Contribution Received: *01 / 01 / 2013* Amount of Contribution: \$ *2027* .00

Date Contribution Received: *04 / 01 / 2013* Amount of Contribution: \$ *2027* .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 19**

Single Source Entity's Name: *Nationwide Insurance*  
or  
Single Source Person's Last Name: First Name:

Address: *1000 Nationwide Drive*

City: *Harrisburg*

State: *PA*

ZIP code: *17110*

Phone: *(717) 657-6749*

Date Contribution Received: *01 / 01 / 2013* Amount of Contribution: \$ *2027* .00

Date Contribution Received: *04 / 01 / 2013* Amount of Contribution: \$ *2027* .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 20**

Single Source Entity's Name: *Preferred Mutual Insurance Co.*  
or  
Single Source Person's Last Name: First Name:

Address: *One Preferred Way*

City: *New Berlin*

State: *NY*

ZIP code: *13411*

Phone: *(607) 847-6161*

Date Contribution Received: *01 / 01 / 2013* Amount of Contribution: \$ *879* .00

Date Contribution Received: *04 / 01 / 2013* Amount of Contribution: \$ *879* .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Date Contribution Received: */ /* Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

### V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

#### Contributions from Single Source # 21

Single Source Entity's Name: Progressive Northern Insurance Co.

or  
Single Source Person's Last Name:

First Name:

Address: 300 North Commons Blvd.

City: Mayfield Village

State: OH

ZIP code: 44143

Phone: (440) 395-6167

Date Contribution Received: 01/01/2013

Amount of Contribution: \$ 2027.00

Date Contribution Received: 04/01/

Amount of Contribution: \$ 2027.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 22

Single Source Entity's Name: State Farm Mutual Automobile Insurance Co.

or  
Single Source Person's Last Name:

First Name:

Address: 6 Hillman Drive, Suite 200, Corporate Law - East

City: Chadds Ford

State: PA

ZIP code: 19317

Phone: (610) 361-4150

Date Contribution Received: 01/01/2013

Amount of Contribution: \$ 2027.00

Date Contribution Received: 04/01/2013

Amount of Contribution: \$ 2027.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

#### Contributions from Single Source # 23

Single Source Entity's Name: Sterling Insurance Company

or  
Single Source Person's Last Name:

First Name:

Address: 182 Banner ville Road, PO Box 9

City: Cobleskill

State: NY

ZIP code: 12043

Phone: (518) 234-2521

Date Contribution Received: 01/01/2013

Amount of Contribution: \$ 364.00

Date Contribution Received: 04/01/2013

Amount of Contribution: \$ 364.00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Date Contribution Received: / /

Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



**Designated Addendum sheet for section V(A)**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**V Source of Funding Disclosure**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

**Contributions from Single Source # 24**

Single Source Entity's Name: Tower Group, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 120 Broadway, 31<sup>st</sup> Floor

City: New York

State: NY

ZIP code: 10271

Phone: (212) 655-2000

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 2027.00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 2027.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 25**

Single Source Entity's Name: Utica First Insurance Co.

or  
Single Source Person's Last Name:

First Name:

Address: PO Box 851

City: Utica

State: NY

ZIP code: 13503

Phone: (315) 736-8211

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 487.00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 487.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

**Contributions from Single Source # 26**

Single Source Entity's Name: Utica National Insurance Group

or  
Single Source Person's Last Name:

First Name:

Address: PO Box 530

City: Utica

State: NY

ZIP code: 13503

Phone: (315) 734-2295

Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 1859.00

Date Contribution Received: 04/01/2013 Amount of Contribution: \$ 1859.00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐



## V Source of Funding Disclosure

### B Single Source Information for a Contribution(s) from multiple, Related, or Affiliated Entities.

#### Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Check here if using section V(C) of the Addendum for additional Contributions:     ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Check here if using section V(C) of the Addendum for additional Contributions:     ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:     ☐

#### Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Check here if using section V(C) of the Addendum for additional Contributions:     ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Date Contribution Received:     /     /     Amount of Contribution: \$     .00

Check here if using section V(C) of the Addendum for additional Contributions:     ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:     ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:     ☐



**\* FILED ONLINE \***

**VI Subjects lobbied:**

☐ Continued on attached pages

**VII Person, State Agency, Municipality or Legislative Body lobbied:**

☐ Continued on attached pages

**VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:**

☐ Continued on attached pages

**VIII Title and Identifying Numbers of procurement contracts/documents lobbied:**

☐ Continued on attached pages

**IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:**

☐ Continued on attached pages

**X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:**

☐ Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)  
**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X SIGNATURE:** *Ellen Melchionni, President*

**DATE:** *7-9-13*

**PRINT NAME: LAST** *Melchionni*

**FIRST** *Ellen*

**TITLE:** *President*

**Mark One:** ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.